

are satisfactorily treated with alkalis and laxatives, preference in these cases being given to calomel, for we substitute in these cases castor oil, magnesia, etc., we only aggravate after temporary relief. As a hepatic stimulant, that is one which increases the flow of bile, without regard to its expulsion, calomel is, however, far inferior to the bichloride, podophyllin, or even benzoate of ammonia. According to Rutherford's experiments one of these should be employed when hepatic incompetence is becoming chronic, and for the relief of migraine, in similar cases the writer has found no one remedy equal in value to antipyrin. The same is also very valuable in those cases attended with high febrile excitement, often the highest met with in children, except pneumonia and scarlet fever. What the exact chemical action of the antipyrin is, I am unable to say. Perhaps we may learn from Dr. Parkhurst's paper, but I am convinced that in some way it assists in the excretion of these toxic leucomaines, to whose private study I invite your personal attention, being convinced that such investigation will yield in the near future valuable scientific and practical results.

DR. CHRISTOPHER thanked the reader for bringing the subject before the Section, and elucidating the pathology of a very frequent and obscure class of cases. He spoke at some length upon a condition to which he gives the name hyper-digestion; a formation of ptomaines and alkaloids of putrefaction in the intestinal tract. If the liver is incompetent to deal with the excess of ptomaines, some of these are carried into the circulation, and produce their peculiar effects through the medium of the central nervous system, like all other alkaloids. Since ptomaines can only be formed from nitrogenous foods, it follows, that in the treatment of these cases, such foods should be withheld.

He was accustomed to use calomel as a preliminary cathartic, and soda phosphate afterwards in the mornings as a hepatic stimulant. Salol, salicylic acid and naphthaline, he employs as intestinal antiseptics. His treatment has proved very satisfactory.

DR. GEO. WHEELER JONES thought the term "hepatic incompetence" a good one. It was more troublesome than other forms of indigestion in children. He used oil of wintergreen with sugar or syrup. It would relieve the acid diarrhoea. It is not a chemical compound, and he preferred its use to salicylate of soda. He also said that bichloride of mercury in minute doses was more persistent, and acted more upon the deeper structures than calomel. Another remedial agent was common salt.

CONTROL OF FEMALE COSTUME.—A physician of Missouri announces that he will not take a female patient unless he can order the costume as well as the medicine.

A RECTAL PLUG. FOR SENN'S METHOD OF INSUFFLATION OF HYDROGEN GAS.

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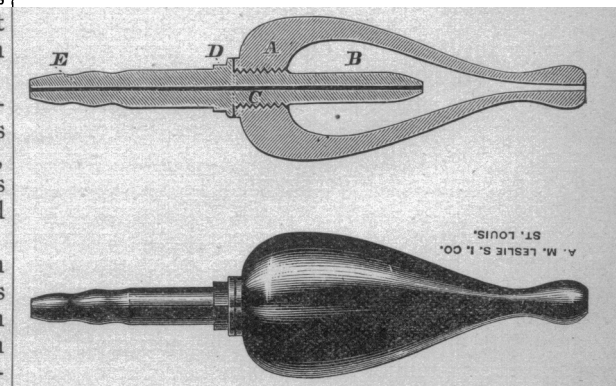
In repeating Dr. Senn's experiments, of insufflation per rectum of hydrogen gas, I found considerable difficulty at times, to prevent the gas from escaping out of the rectum, using the ordinary syringe tip. I found this to be the case in experimenting on dogs, and also on the human cadaver.

Dr. Senn recommends in his paper on "Insufflation of Hydrogen Gas per Rectum," etc., that "an assistant hold the margin of the rectum around the syringe tip."

In order to obviate the inconveniences of an ordinary syringe tip, and do away with the need of an assistant in controlling the margin of the rectum, I devised the herein described rectal plug.

This plug has given great satisfaction, having used it in applying Senn's test in four cases of gunshot wounds of the abdomen which were brought to the City Hospital, and in a case of obstruction of the bowel due to the rupture of a Fallopian pregnancy, where obstruction was produced by an immense coagulum—later case occurring in private practice of Dr. Hornsby, and in which I applied "Senn's Test," demonstrating the value of this measure in diagnosing intestinal obstruction.

In the above applications of Senn's test the plug completely plugged the rectum and effectually prevented the regurgitation of the gas, and allowed the gas bag and plug to be controlled by one person. The plug is made of hard rubber. The annexed cut shows a half size perspective



and sectional view of plug. A represents cone-like plug, with tip similar to ordinary syringe tip. B is a hollow chamber in plug into which extends Tip E, on which is a thread which screws into plug as shown at C. At D on Tip E is a square shoulder and round collar. The square shoulder is for the purpose of allowing a wrench to be used to tighten the tip into plug. Between collar on plug and collar on tip at D a washer is used, so

as to insure perfect air-tightness. The end of Tip E which projects outside of plug is corrugated, so as to easily and tightly fit into rubber tubing from gas bag.

The object of having plug hollow and the tip E project into chamber as shown, is to prevent clogging of the direct communication with the gas bag, when inserting end of plug into rectum, by fæces or mucus which may be in the rectum. Should clogging of tip of plug occur it will not interfere with gas escaping from Tip E into chamber, and can be readily removed or blown out by pressure from gas bag.

I have found that pouring a little sweet oil into chamber, through opening in plug into chamber, in a measure prevents the liability to clogging, as the oil lubricates the sides of opening and facilitates its being readily blown out by pressure from the gas bag.

MEDICAL PROGRESS.

ERYTHROPHLÆIN IN CARDIAC AFFECTIONS.—DR. HERRMANN, in a recent number of the *Wiener Klinische Wochenschrift*, gives an account of experiments which he had performed in the clinic of Professor Drasche in the Vienna General Hospital, on the effect of erythroplœin on the diseased heart. It was used in cases of compensated and non-compensated failures of the heart, as well as in cases of fatty heart with slight disturbances of circulation. The drug was used in a solution of 0.002 grams of erythroplœin in 10.0 grams of laurocerasus water, ten drops of this solution being given every hour. In general, the drug was well tolerated, and only in a case of insufficiency of the aorta depending on acute articular rheumatism did the sensation of disgust and great irritation supervene. Retardation of the pulse after the administration of erythroplœin came on in several cases, and this was particularly true of the case of insufficiency of the aorta after 150 drops of the solution had been given for eight days. The number of the pulse-beats was reduced from 100 to 84 a minute, and in another case of insufficiency and stenosis of the mitral valve, the pulsations decreased from 100 to 68 a minute after the administration of 50 drops of the solution, and during an interval of time from mid-day till 5 P.M. This, however, was not constant, as in the last mentioned case the number of the pulsations reached 108 a minute three hours later, although the administration of the solution was continued. In another case of insufficiency of the mitral valve with severe palpitations, the drug was administered for twelve days, and it was not until some days later that the frequency of the pulsations sank from 120 to 96 in a minute, and at the conclusion of the experiment it decreased

to about 84 beats. As to the effect of the erythroplœin on the renal function no particular influence could be observed in some cases, whereas in another series of cases the effect was quite striking. In a patient affected with incompetence of the mitral valve the daily quantity of urine, during an interval of twelve days, increased from 800 to about 1,500 cubic centimètres. In another case of slight fatty heart, where, before the use of erythroplœin, the number of the pulsations was from 68 to 60 a minute, and the quantity of urine reached 700 cubic centimètres, the latter increased to 2,150 cubic centimètres, while the pulse remained unchanged. The disturbances of respiration had also diminished. Erythroplœin had also a marked effect on the pupil. In a patient with incompetence of the mitral valve, persistent dilatation of the right pupil ensued on the sixth day after administration. In another case with insufficiency of the aortic valves, distinct dilatation of both pupils came on on the fifth day; this disappeared some days later when the administration of the drug was discontinued. Kaposi had also observed dilatation of both pupils in a case of poisoning from the subcutaneous injection of two centigrams of erythroplœin (*Journal*, March 24th, 1888). For the sake of comparison, experiments were made with strophanthus. In cases in which erythroplœin exerted no particular influence on the frequency of the pulsations, the arhythmia, and the congestive symptoms, from 60 to 70 drops of the tincture of strophanthus with equal parts of laurel water were administered in the day. The difference was very striking, and the slight effect of the erythroplœin could not be compared with that of strophanthus. In one case, for instance, the frequency of the pulsations after the use of strophanthus soon fell from 112 to 72 a minute, and remained nearly at this rate. The arhythmia had almost entirely disappeared, and the excretion of urine was augmented to a much higher degree than after the use of erythroplœin. Symptoms of poisoning with erythroplœin were observed on only two occasions. The result of the experiments with erythroplœin may be summarized as follows: The drug had a marked retarding influence on the pulse, but the effect was not lasting. This was also true of its diuretic influence. The drug was well borne, and might be tried in cases in which digitalis, strophanthus, and similar medicaments were either not well tolerated or were contraindicated. Erythroplœin did not appear to have any cumulative effect.—*British Medical Journal*, Sept. 1, 1888.

TREATMENT OF TYPHOID FEVER IN CHILDHOOD.—DR. A. JACOBI says: Can typhoid fever be *aborted*? or in other words, can incubation be interrupted? An affirmative answer to this question has often been given, but it is difficult to prove the correctness of the diagnosis in an